

Provider *Insider*

Alabama Medicaid Bulletin

July 2007

The checkwrite schedule is as follows:

08/10/07 08/24/07 09/07/07 09/14/07

As always, the release of direct deposits and checks depends on the availability of funds.

The InfoSolutions Web Site Is Changing!

InfoSolutions will still offer the same valuable patient clinical information, but now a Blue Cross and Blue Shield of Alabama Individual User ID will be required to log in.

- If you already have an Individual User ID, simply go to www.infosolutions.net, enter your User ID and password in the spaces provided, and click "Sign In."

OR

- PRIOR to 7/26/2007 - If you do NOT have an Individual User ID, please go to www.infosolutions.net, click the link for InfoSolutions e-Prescribing, then select "Register Now For Your Individual User ID."

AFTER 7/26/2007 - If you do NOT have an Individual User ID, please go to www.infosolutions.net, click "Register for InfoSolutions," then follow the steps to register for an Individual User ID.

Questions? Call (205) 220-5900 to be directed to an InfoSolutions Representative.

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Pass It On!

Everyone needs to know the latest about Medicaid.

Be sure to route this to:

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other _____

Medicaid is Now Partnered With APS Healthcare

Effective June 1, 2007, APS* Healthcare assumed responsibility for reviewing applications for admissions for the following programs: Hospice, PEC, Swing Beds, and the retrospective review process for appropriateness of admissions to Nursing Homes, ICF/MR facilities and IMD facilities. Applications for admission to Hospice which contain more than 30 pages, PEC and Swing bed programs should be mailed to APS at the address below.

APS Healthcare will request monthly retrospective reviews for Nursing Homes, ICF/MR facilities, and IMD facilities. Medical record documentation, in response to such requests which contains more than 30 pages shall be mailed to address below.

APS Healthcare
1640 Phoenix Boulevard, Suite 200
Atlanta, Georgia 30349
Phone: (800) 809-5426

Medical record documentation which contains less than 30 pages may be faxed to APS Healthcare at (800) 218-6333.

Hospice Recipient Status Change Form (Form 165B) and Long Term Care Request for Action Forms shall continue to be faxed to the Medicaid Agency at (334) 353-5901.

For additional information as it relates to this program, please contact Nancy Headley at (334) 242-5684.

*Innovative Resource Group doing business as APS Healthcare Midwest

Hospice Form Change

The Form 165A Hospice Cover Sheet and Form 165B Hospice Recipient Status Change have been updated to require additional provider and recipient information. The forms now require the provider NPI number and the social security number of the hospice recipient. Both forms are available on the Medicaid Agency website at www.medicaid.alabama.gov.



www.medicaid.alabama.gov

Organ Transplant Guidelines

Please note the following guidelines for all Medicaid covered organ transplants (with the exception of cornea) that are being referred to an out-of-state facility or provider for possible transplantation:

- The patients referring physician must contact the appropriate transplant specialist at UAB to ensure that the transplant cannot be performed instate.
- After the determination that the transplant cannot be performed instate is made by UAB's Transplant Specialists, the recipient



is referred by their physician to an out-of-state facility with the understanding that the out-of-state facility must coordinate the approval and reimbursement of the transplant with UAB's Transplant Services Coordinator

If you have additional questions regarding this information, please call Brenda Fincher at (334) 242-5455.

Patient 1st Care Coordination Services Available for Dental Providers

Public Health licensed Social Workers and Nurses provide care coordination services to Medicaid recipients statewide through the Patient 1st program. Historically, the dental community has under utilized these services. Care Coordinators understand the connection between proper dental hygiene and a child's overall health. They are equipped with the knowledge and materials to educate Medicaid recipients regarding dental matters.

Dentist can refer recipients for a variety of reasons. Some dental procedures require extensive coordination of services. Care coordinators can assure that the family has a clear understanding of the appointment and needed transportation. They can also educate families on the importance of keeping appointments, maintaining proper dental hygiene and exhibiting proper behavior while in the dental office. Availability of care coordination services in some counties is limited, so it is important that referrals for missed appointments be prioritized according to urgency.

Referrals can be made by calling the Patient 1st Care Coordinator at your local county health department or accessing our on-line referral system at www.adph.org/ccrs. For additional information, contact Stacey Neumann at (800) 654-1385.

DME Provider Enrollment Update

Home Medical Equipment (HME) Service Providers shall be licensed annually by the Alabama Board of Home Medical Equipment Services Providers before the provider may engage in the provision of home medical equipment. This requirement is a condition of enrollment for Medicaid providers who must comply with this requirement on or before May 31, 2007. For information regarding how to become a licensed HME provider visit the HME website at www.homemed.state.al.us and click on the Forms link. This link contains the application for HME licensure. You will also find contact information for the HME representative who can answer questions or concerns you may have about the enrollment process. If you have any additional questions or need further clarification, please contact Ida Gray, at (334)-353-4753.

Patient 1st and EPSDT Services

For recipients of Medicaid, birth to age 21, the EPSDT screening is a comprehensive preventive service at an age appropriate, recommended schedule. It is the only reimbursable preventive medical service for this age group. There are numerous components of the EPSDT, all of which are required in the Federal Early Periodic Screening Diagnosis Treatment (EPSDT) program. All age appropriate components must be performed at the time of a screening exam. These components are listed and described in Appendix A of the Alabama Medicaid Provider Manual.

PMP's are required to either perform or make arrangements for the performance of EPSDT screenings on those children on their panel below the age of 21. If a PMP cannot or chooses not to perform the comprehensive EPSDT screenings, the PMP may authorize another provider serving the PMP's county to perform the screenings for enrollees. This can be done by contracting with another provider to perform screenings for the PMP's enrollees or by referring them to another screener on a case-by-case basis. Any provider the PMP contracts with or refers recipients to must be an EPSDT certified screener. Regardless, the PMP is responsible for ensuring that age appropriate EPSDT screenings are provided.

Patient 1st

Health Care Close To Home

If the PMP enters into an agreement with a screener in order to meet this Patient 1st requirement for participation, the agreement containing the original signatures of the PMP or the authorized representative and the screener or an authorized representative must be submitted within the enrollment application. The PMP must keep a copy of this agreement on file. If this agreement is executed after enrollment a copy must be submitted within ten (10) days of execution.

The agreement can be entered into or terminated at any time by the PMP or the screener. The Agency and EDS must be notified immediately of any change in the status of the agreement.

If there is an agreement between the PMP and a Screener to provide EPSDT services, the PMP agrees to:

- Refer Patient 1st patients for EPSDT screenings. If the patient is in the office, the physician/office staff will assist the patient in making a screening appointment with the Screener within ten (10) days.
- Maintain, in office, a copy of the physical examination and immunization records as part of the patient's permanent record.



- Monitor the information provided by the Screener to assure that children in the Patient 1st program are receiving immunizations as scheduled and counsel patients appropriately if found in non-compliance with well child visits or immunizations.
- Review information provided by the Screener to coordinate any necessary treatment and/or follow-up care with patients as determined by the screening.

- Notify the Agency and EDS immediately of any changes to this agreement.

The Screener must agree to:

- Provide age appropriate EPSDT examinations and immunizations within sixty (60) days of the request for patients who are referred by the PMP or are self-referred.
- Send EPSDT physical examination and immunization records within 30 days to the PMP.
- Notify the PMP of significant findings on the EPSDT examination or the need for immediate follow-up care within 24 hours.
- Allow the PMP to direct further referrals for specialized testing or treatment.
- Notify the Agency and EDS immediately of any changes to agreement..

www.medicaid.alabama.gov

Procedure Code Changes For Sodium Hyaluronate (Hyaluronan)

The Agency received CMS notification that procedure code J7319 (Hyaluronate [sodium hyaluronate]) was deleted effective March 31, 2007. The procedure code J7319 was replaced with the four temporary Q codes listed below and effective for dates of service beginning January 1, 2007.

- Q4083 Hyaluronan or Derivative, Hyalgan or Supartz, for intra-articular injection, per dose,
- Q4084 Hyaluronan or Derivative, Synvisc, for intra-articular injection, per dose,
- Q4085 Hyaluronan or Derivative, Euflexxa, for intra-articular injection, per dose, and/or
- Q4086 Hyaluronan or Derivative, Orthovisc, for intra-articular injection, per dose.

Please refer to the Physicians' Drug Fee Schedule on Medicaid's website at www.medicaid.alabama.gov or call the EDS Provider Assistance Center (800) 688-7989 for reimbursement and guidelines.

Procedure Code Changes for Immune Globulin

The Agency received CMS notification that procedure code J1567 (Immune globulin, intravenous, non-lyophilized (e.g., liquid), 500 mg.) is being deleted effective June 30, 2007. The procedure code J1567 was replaced with the six temporary Q codes listed below and effective for dates of service beginning July 1, 2007.

- Q4087 Injection, Immune Globulin, (Octagam), Intravenous, non-lyophilized, (e.g., liquid), 500 mg.
- Q4088 Injection, Immune Globulin, (Gammagard), intravenous, non-lyophilized, (e.g. liquid), 500 mg.
- Q4089 Injection, RHO (D) Immune Globulin (Human), Rhophylac, intravenous, 100 I.U.
- Q4090 Injection, Hepatitis B Immune Globulin (Hepagam B), intramuscular, 0.5 ML
- Q4091 Injection, Immune Globulin, (Flebogamma), intravenous, non-lyophilized, (e.g. liquid) 500 mg.
- Q4092 Injection, Immune Globulin, (Gamunex), intravenous, non-lyophilized, (e.g. liquid), 500 mg.

Please refer to the Physicians' Drug Fee Schedule on Medicaid's website at www.medicaid.alabama.gov or call the EDS Provider Assistance Center (800) 688-7989 for reimbursement and guidelines.

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